



COMDTINST 6010.21A

1 NOV 1993

COMMANDANT INSTRUCTION 6010.21A

Subj: CLINICAL MONITORING AND EVALUATION (M&E)

Ref: (a) Medical Manual, COMDTINST M6000.1(series)

1. PURPOSE. This instruction publishes additional Monitoring and Evaluation exercises for inclusion in Coast Guard health care facility Quality Assurance Programs.
2. ACTION. Area and district commanders; commanders, maintenance and logistics commands; commanding officers of Headquarters units; Commander, Coast Guard Activities Europe; and chiefs of offices and special staff divisions at Headquarters shall ensure compliance with the provisions of this notice.
3. DIRECTIVES AFFECTED. Commandant Instruction 6010.21, Clinical Monitoring and Evaluation (M&E), is canceled.
4. BACKGROUND. COMDTINST 6010.21, Clinical Monitoring and Evaluation (M&E), established the initial M&E schedule for Coast Guard clinics. This schedule was updated by COMDTNOTE 6010 of 8 JAN 93, CH-1 to COMDTINST 6010.21. The M&E schedule is further updated by this instruction. Section 13-H of reference (a) describes M&E schedule utilization.
5. DISCUSSION. Attached are two additional Medical M&E exercises (MED-3), two additional Dental M&E exercises (DENT-3), and two additional Drug Utilization Review M&E exercises (DUR-3).

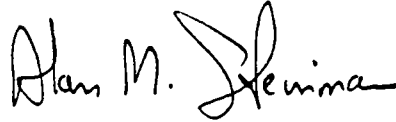
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A																										
B		8	20*	4	4		6				4		4				4									
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Clinics may use these exercises to supplement those previously provided. Administrative M&E exercises have been discontinued.



ALAN M. STEINMAN
Chief, Office of Health and Safety

Encl: (1) FY 94 M&E Schedule and Clinical Aspects of Care for M&E
(2) M&E Exercises
(3) M&E Data Collection Log
(4) M&E Flow Chart

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FY 94 MONITORING AND EVALUATION SCHEDULE

QUARTER	1st	2nd	3rd	4th
INITIAL	MED-3	DUR-3	DENT-3	MED-4
*FOLLOW-UP	DENT-2	ADMIN-2	MED-3	DUR-3

CLINICAL ASPECTS OF CARE FOR MONITORING AND EVALUATION

MED-1: Strep Throat
 Urinary Tract Infection

 MED-2: Gastroenteritis
 Hypertension

 MED-3: Nonspecific Vaginitis
 Otitis Externa

 DENT-1: Exodontia Informed Consent
 Annual Dental Examinations
 Dental Emergencies

 DENT-2: Post-operative Infections
 Restoration Replacements

 DENT-3: Biopsies
 Cast Restorations

 DUR-1: NSAID Therapy
 Antibiotic Therapy

 DUR-2: Antihistamine Therapy
 Antilipemic Therapy

 DUR-3: Intranasal Steroid Therapy
 Oral Contraceptive Therapy

USING THE MONITORING AND EVALUATION SCHEDULE AND CLINICAL ASPECTS OF CARE LISTING

Each clinic shall initially monitor one clinical aspect of care each quarter. The schedule above determines the "menu" group for each quarter - the clinic selects an aspect of care from the listing for that group. For example, in the first quarter of FY94, M&E must be performed for an aspect of care on the medical (MED-3) menu (i.e., nonspecific vaginitis or otitis externa).

Completed M&E reports must be submitted to the Quality Assurance Focus Group (QAFG) prior to the last work day of each quarter. This means that data collection for each exercise should commence at the beginning of each quarter, in order to allow time for a representative data sample to be collected and evaluated prior to the end of the quarter. It is recommended that the QAFG assign responsibility for each exercise prior to the start of each quarter, so that data may be collected in a timely manner. Whenever possible, follow-up reports should be generated by the same person responsible for the initial M&E report.

*FOLLOW-UP REPORTS

For studies that meet thresholds:

Each initial M&E Report must be followed 6 months later by follow-up reports.

For studies that do not meet thresholds:

A follow-up report is required 3 months after the initial report, and every 3 months after that, until thresholds are met.

Follow-up reports are recorded on the reverse side of the M&E Report form in sections 8, 9, and 10.

USING THE M&E DATA COLLECTION LOG (CG-5544)

Use this form, or a locally produced equivalent, while evaluating health records or other information sources for compliance with the indicator criteria. Record the indicator as being met, or not met, for each record reviewed. Indicate which indicator criteria, listed in Section 2 of the Monitoring and Evaluation Report, are not met by marking the appropriate column (e.g., (a), (b), etc.) on the log.

Retain completed logs, or equivalent, on file for three years for review by MLC QA site surveys.

MONITORING AND EVALUATION REPORT

Facility _____ QA Coordinator _____

1. Aspect of Care	Diagnosis of acute minor illnesses: Nonspecific Vaginitis
2. Indicator	<p>All patients diagnosed with nonspecific vaginitis will have documentation in their health record of:</p> <ul style="list-style-type: none"> a. history of present illness, including sexual behavior; b. past medical history; c. medication history; d. temperature recorded; e. documented pelvic examination (positive or negative), including description of vaginal discharge; and f. microscopic examination of discharge to include: KOH prep (yeast), wet prep (clue cells) and cultures for chlamydia and GC. <p>(Five out of six criteria must be met.)</p>
3. Threshold	90% of the records reviewed shall meet five or more criteria contained in the indicator.
4. Data Collection Methodology	<p>Use CLAMS and/or a review of patient records and/or a review of laboratory records to retrospectively identify all patients with a diagnosis of "nonspecific vaginitis", up to a random sample size of 25 patients. The QAFG or its designee will review the health record of all identified patients to determine whether the criteria contained in the indicator have been met. Results may be logged on the M&E Data Collection Log for each case, prior to reporting results in section 5. If the threshold is not met, the QAFG shall review all cases which do not meet the criteria prior to recommending improvement action in section 7.</p>
5. Evaluation Report	_____ % Meet _____ % Do Not Meet Indicator Criteria
6. Evaluator	Name: _____ Date Evaluated: _____
7. Recommended Action	
<div style="text-align: right; margin-right: 100px;"> _____ Signature </div> <div style="text-align: right; margin-right: 100px;"> _____ Date </div> <div style="text-align: center; margin-top: 10px;"> (continued on reverse) </div>	

8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria _____ % Do Not Meet Evaluation Criteria</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Continue M & E Recommended action:</div> <div style="margin-top: 150px; text-align: right; padding-right: 20px;">_____ Signature / Date</div>
9. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria _____ % Do Not Meet Evaluation Criteria</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Continue M & E Recommended action:</div> <div style="margin-top: 150px; text-align: right; padding-right: 20px;">_____ Signature / Date</div>
10. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria _____ % Do Not Meet Evaluation Criteria</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Continue M & E Recommended action:</div> <div style="margin-top: 150px; text-align: right; padding-right: 20px;">_____ Signature / Date</div>

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8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>
9. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>
10. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>

1. Aspect of Care	Biopsies	
2. Indicator	Biopsies are submitted properly:	
	a. Specimens are properly prepared and shipped IAW USN SF-515 guidelines, and b. Adequate tissue specimens are submitted.	
3. Threshold	Fewer than 10% of biopsy submissions shall have SF-515 forms returned with notes indicating inadequate tissue sampling or improper preparation and shipping.	
4. Data Collection Methodology	a. Use CLAMS or a log to identify the number of biopsy procedures performed in a month, to a maximum of 10 cases. b. Perform a record review of all biopsy cases (up to 10) to determine the number of cases returned with improper tissue samples or improper preparation and shipping. c. The QAFG or its designee shall review the results to determine if the threshold is exceeded. d. If the threshold is exceeded, the QAFG shall review all biopsy cases and recommend action to the SDO.	
5. Evaluation Report	_____ % Meet	_____ % Do Not Meet Indicator Criteria
6. Evaluator	Name: _____	Date Evaluated: _____
7. Recommended Action		
<div style="text-align: right;"> _____ / _____ Signature Date </div>		

(continued on reverse)

8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> Continue M & E</div><div>Recommended action:</div></div><div style="text-align: right;"><div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div><div><input type="checkbox"/> Discontinue M & E</div></div></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>
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QA Coordinator

(continued on reverse)

8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>
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QA Coordinator

1. Aspect of Care	Drug Utilization: Appropriate use of intranasal steroids (Flunisolide, Beclomethasone, Dexamethasone, Triamcinone, etc.) in seasonal and vasomotor rhinitis.	
2. Indicator	All patients prescribed these medications will have: a. documented history of seasonal or vasomotor rhinitis (characterized by moderate to severe symptoms lasting 4 weeks or longer per episode) combined with a documented history of unsuccessful treatment with conventional therapy including antihistamines, decongestants, or combination product therapy, and b. dosages and frequency of administration within the product's manufacturer/FDA approved guidelines, and c. documented evidence that instruction in the proper use of these medications has been provided.	
3. Threshold	95% of all records reviewed will meet the indicator criteria.	
4. Data Collection Methodology	Use CLAMS or a review of prescription files to retrospectively identify all patients receiving prescriptions for intranasal steroids. The QAFG or its designee will review the health record to determine whether the criteria contained in the indicator have been met. Results may be logged on the M&E Data Collection Log for each case prior to reporting the results in section 5. If the threshold is not met, the QAFG or its designee shall review all cases which do not meet the criteria, evaluate, and recommend action in section 7.	
5. Evaluation Report	_____ % Meet _____ % Do Not Meet Indicator Criteria	
6. Evaluator	Name: _____	Date Evaluated: _____
7. Recommended Action		
<div style="text-align: right;">_____ Signature / Date</div>		

(continued on reverse)

8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="height: 150px;"></div> <div style="text-align: right; margin-top: 10px;">_____ Signature / Date</div>
9. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="height: 150px;"></div> <div style="text-align: right; margin-top: 10px;">_____ Signature / Date</div>
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Facility _____ QA Coordinator _____

1. Aspect of Care	Drug Utilization: Appropriate use of oral contraceptive medications.		
2. Indicator	All patients prescribed these medications will have: <ul style="list-style-type: none"> a. documented history of physical exam within the past year including personal and family medical history, pelvic exam (including pap smear), breast exam, and vital signs, and b. documented evidence of instruction in the proper use of these medications including an explanation of side effects, missed doses, increased risk factors (smoking, etc.), and drug interactions (antibiotics, etc.). 		
3. Threshold	95% of all records reviewed will meet the indicator criteria.		
4. Data Collection Methodology	Use CLAMS or a review of prescription files to retrospectively identify all patients receiving prescriptions for oral contraceptives. the QAFG or its designee will review the health record to determine whether the criteria contained in the indicator have been met. Results may be logged on the M&E Data Collection Log for each case prior to reporting the results in section 5. If the threshold is not met, the QAFG or its designee shall review all cases which do not meet the criteria, evaluate, and recommend action in section 7.		
5. Evaluation Report	_____ % Meet	_____ % Do Not Meet Indicator Criteria	
6. Evaluator	Name: _____		Date Evaluated: _____
7. Recommended Action			
_____ Signature / Date			

(continued on reverse)

8. 3/6 month Follow-up Report	<div style="display: flex; justify-content: space-between;"><div>_____ % Meet the Evaluation Criteria</div><div>_____ % Do Not Meet Evaluation Criteria</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Continue M & E Recommended action:</div><div><input type="checkbox"/> Discontinue M & E</div></div> <div style="height: 150px; margin-top: 20px;"></div> <div style="text-align: right; margin-top: 20px;">_____ Signature / Date</div>
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Enclosure (3) to COMDTINST 6010.21A

M & E Data Collection Log

Facility _____

Aspect of Care _____

Data Collector _____

Date _____

	Date	Case Identification	Indicator	
			Met	Not Met
1				
2				
3				
4				
5				
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7				
8				
9				
10				
11				
12				
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14				
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19				
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22				
23				
24				
25				
26				

	Date	Case Identification	Indicator	
			Met	Not Met
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
Total Number				
Percentage				

M & E FLOW CHART

